

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:

☐ Customer Number  
or Bar Code LabelOR ☐

Correspondence address below

Name JOHN S. FOSTERAddress 4678 VIA HUERTO

Address

City SANTA BARBARAState CAZIP 93110Country USATelephone (805) 681-2838Fax (805) 967-2677

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) PATRICK EDWARDFamily Name  
or Surname FEIERABENDInventor's  
Signature Patrick FeierabendDate 1/11/01Residence: City 215 ~~VIA SEVILLA ST~~SANTA BARBARAState CACountry USACitizenship USMailing Address 215 VIA SEVILLA ST

Mailing Address

City SANTA BARBARAState CALIFZIP 93109Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) Richard ThomasFamily Name  
or Surname MARTINInventor's  
Signature Richard Thomas MartinDate 11 Jan 2001Residence: City GoletaState CACountry USACitizenship USAMailing Address 5692 Berkeley Road

Mailing Address

City GoletaState CAZIP 93113Country USA☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> Page ___ of ___
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Jettory Frank			Summers		
Inventor's Signature	<i>[Signature]</i>				Date
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address					
1416 Clearview rd.					
Post Office Address					
City	Santa Barbara	State	CA	ZIP	93101
Country					
USA					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Andrew Dexter			Wallis		
Inventor's Signature	<i>[Signature]</i>				Date
Residence: City	Los Alamos	State	CA	Country	USA
Post Office Address					
P.O. Box 902 Los Alamos CA 93440-0902					
Post Office Address					
City	Los Alamos	State	CA	ZIP	93440
Country					
USA					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Paul J.			Rubel		
Inventor's Signature	<i>[Signature]</i>				Date
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address					
527 La Marina Dr.					
Post Office Address					
City	Santa Barbara	State	CA	ZIP	93101
Country					
USA					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John Stuart		Foster	
Inventor's Signature	<i>John Stuart</i>	Date	1/11/01
Residence: City	Santa Barbara	State	CA
		Country	USA
Post Office Address	4678 Via Huerto		
Post Office Address			
City	Santa Barbara	State	CA
		ZIP	93110
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John W		Stocker	
Inventor's Signature	<i>John W Stocker</i>	Date	1/17/01
Residence: City	Santa Barbara	State	CA
		Country	USA
Post Office Address	211 Bath		
Post Office Address			
City	Santa Barbara	State	CA
		ZIP	93101
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	

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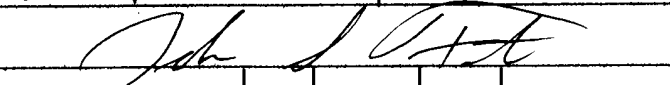


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## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_\_ of \_\_\_\_

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John Stuart		Foster	
Inventor's Signature			Date 1/11/01
Residence: City	Santa Barbara	State CA	Country USA
Post Office Address	4678 Via Huerto		
Post Office Address			
City	Santa Barbara	State CA	ZIP 93110
		Country USA	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
		Stocker	
Inventor's Signature			Date
Residence: City		State	Country
Post Office Address			
Post Office Address			
City		State	ZIP
		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Post Office Address			
Post Office Address			
City		State	ZIP
		Country	

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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

PATRICK E. FEIERABEND

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR ASSEMBLING AN ARRAY OF MICRO-DEVICES

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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